

PTO/SB/22 (01-08)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional)			
FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005		10308	0-P04-026			
Application Number 10/790,640	Filed	Filed March 1, 2004				
For TELOMERE RESTORATION AND EXTENSION OF CELL LIFE-SPAN IN ANIMALS CLONED FROM SENESCENT SOMATIC CELLS						
Art Unit 1632		Examiner	V	/alarie E. B	ertoglio	
This is a request under the provisions of 37 CFR 1.136(a) to application.						
The requested extension and fee are as follows (check time	period desired a	and enter the a	ppropr	iate fee bel	ow):	
	<u>Fee</u> \$120	Small Enti \$6	-	\$	120.00	
x One month (37 CFR 1.17(a)(1))				· -	120.00	
Two months (37 CFR 1.17(a)(2))	\$460	\$23		\$ <u> </u>		
	§1050	\$52		\$ <u> </u>		
(, , ,	§1640	\$82		\$		
Five months (37 CFR 1.17(a)(5))	\$2230	\$111	5	\$		
Applicant claims small entity status. See 37 CFR 1.27.						
A check in the amount of the fee is enclosed.						
Payment by credit card. Form PTO-2038 is attach	ed.					
The Director has already been authorized to charge fees in this application to a Deposit Account.						
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to						
•	I have enclo	•	-	-		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
I am the applicant/inventor. /						
assignee of record of the entire interest. See 37 CFR 3.71.						
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
x aftorney or agent of record. Registra	ition Number	36,	709			
attorney or agent under 37 CFR 1.34						
Registration number if acting under	37 CFR 1.34				•	
Sibbatura		July		Date		
Signature Natthew P. Vincent, J.D., Ph.D.				951-7739		
Typed or printed name	Telephone Number					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
X Total of 1 forms are submitted.						

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature:

hig (Elaine leahy)

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£/					Co	mplete if Kno	wn
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					10/790,640		
FEE TRANSMITTAL					March 1, 200	March 1, 2004	
l l			First Named Inv	entor/	Michael D. W	Vest	
For FY 2008					Valarie E. Be	Jertoglio	
Applicant claims small entity	Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1632			
TOTAL AMOUNT OF PAYMENT				Attorney Docket No. 103080-P04-026			026
METHOD OF PAYMENT (ch	eck all that	anniv)					
Check Credit Card		ey Order	Noi	ne Other	(please iden	itify):	
X Deposit Account Deposit Acc	ount Number:	18-	 1945	Deposit	Account Na	me:Rope	es & Gray LLP
For the above-identified	_		rector is				<u> </u>
1		Junit, the Di	iector is				
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AN			S				
	FILING F		SE	ARCH FEES	EXAM	INATION FEE	
Application Type Fe		all Entity ee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees Paid (\$)
	310	155	510	255	210	105	
1	210	105	100	50	130	65	
1 ~	210	105	310	155	160	80	
1	310	155	510	255	620	310	
1	210	105	0	0	0	0	
2. EXCESS CLAIM FEES							Small Entity
Fee Description							Fee (\$) Fee (\$)
Each claim over 20 (including R	.eissues)						50 25
Each independent claim over 3 (including R	leissues)					210 105
Multiple dependent claims							370 185
Total Claims Extra Claim	ns Fee	(\$)	Fee	Paid (\$)		Multiple Depend	
- =	x	= _			ļ	Fee (\$)	Fee Paid (\$)
HP = highest number of total claims pa			5	D-:! (#\		 	
Indep. Claims Extra Clain	ns Fee	(\$)	ree	Paid (\$)			
HP = highest number of independent c		if greater than	1 3.				
3. APPLICATION SIZE FEE		1					
If the specification and drawing listings under 37 CFR 1.52(If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.¢. \$1(a)(1)(G) and 37 CFR 1.16(s).						
sheets or fraction thereof. S Total Sheets	,	1		37 CFR 1.10(S). additional 50 or fra		eof Fee (\$)	Fee Paid (\$)
- 100 #	/50	Γ	JI GACII A	(round up to a wh			=
4. OTHER FEE(S) Non-English Specification, \$130 fee((no small entity discount))							
Other (e.g., late filing surcharge): 2251 Extension for response within first month 120.00							
SUBMITTED BY	+ +						
Signature	4 1	1		Registration No. (Attorney/Agent)	36,70	9 Telephone	(617) 951-7739
Name (Print/Type) Matthew P. Vincent, J.D., Ph.D. Date July 28, 2008							
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O.							
Box 1450, Alexandria, VA 22313-1 Dated: JUL 25, 200		gnature:	Ele	line Lea	he	_(Elaine	Lechy)

PTO/SB/17 (10-07) Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 10/790,640 Application Number Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). March 1, 2004 FEE TRANSMITTAL Filing Date First Named Inventor Michael D. West For FY 2008 Valarie E. Bertoglio **Examiner Name** 1632 Applicant claims small entity status. See 37 CFR 1.27 Art Unit 103080-P04-026 TOTAL AMOUNT OF PAYMENT 120.00 Attorney Docket No METHOD OF PAYMENT (check all that apply) Money Order Other (please identify): None Credit Card Check Ropes & Gray LLP 18-1945 X Deposit Account Deposit Account Number:_ Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee x Charge fee(s) indicated below Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** SEARCH FEES **FILING FEES Small Entity** Small Entity **Small Entity** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) 210 105 510 255 310 155 Utility 130 65 105 100 50 210 Design 105 310 155 160 80 Plant 210 620 310 155 510 255 310 Reissue 0 105 210 Provisional Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 210 105 Each independent claim over 3 (including Reissues) 370 185 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) **Total Claims** Extra Claims Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) - = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. \$1(a)(1)(G) and 37 CFR 1.16(s). Fee (\$) Fee Paid (\$) Number of each additional 50 or fraction thereof Extra Sheets (round up to a whole number) x Fees Paid (\$) 4. OTHER FEE(S) Non-English Spec/fication, \$130 fee/(no small entity discount) Other (e.g., late filing surcharge): 2251 Extension for response within first month 120.00 SUBMITTED BY Registration No. 36,709 (617) 951-7739 Telephone Signature (Attorney/Agent) Date 2008 July 28, Matthew P. Vincent, J.D., Ph.D. Name (Print/Type)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

24,2008

Elaine Leaky (Elaine Leaky)

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PARTY TRADEMAR

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PETITION FOR EXTENSION OF TIME UNDER 37 C	Docket Number	(Optional)			
FY 2008	103	080-P04-026			
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)					
Application Number 10/790,640	lication Number 10/790,640		Filed March 1, 2004		
For TELOMERE RESTORATION AND EXTENSION OF CELL LIFE-SPAN IN ANIMALS CLONED FROM SENESCENT SOMATIC CELLS					
Art Unit 1632		Examiner	Valarie E. Bertoglio		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.					
The requested extension and fee are as follows (check time	e period desired a	and enter the appro	opriate fee below):		
	<u>Fee</u>	Small Entity F			
x One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00		
Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$		
Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$		
Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$		
Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$		
Applicant claims small entity status. See 37 CFF A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attack X The Director has already been authorized to charge any Deposit Account Number 18-1945 WARNING: Information on this form may become pub Provide credit card information and authorization on I am the applicant/inventor. X attorney or agent of record. Regis attorney or agent under 37 CFR 1. Registration number if acting under Signature Watthew P. Vincent, J.D., Ph.D. Typed or printed name	ched. fees which may I have encludic. Credit card information PTO-2038. erest. See 37 Cradion of the card information Number 34.	be required, or crosed a duplicate of formation should not consider the constant of the consta	redit any overpayment, to copy of this sheet. ot be included on this form.		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
X Total of 1 forms are submitt	ed.				

	Mattnew P. Vincent, J.L	D., PN.D.	(017) 931-7703
Typed or printed name			Telephone Number
NOTE: Signatures of than one signature is	of all the inventors or assignees of re- s required, see below.	ecord of the entire interest or their I	epresentative(s) are required. Submit multiple forms if more
X Total of	1 forms	s are submitted.	
I hereby certify that th the date shown below Box 1450, Alexandria	with sufficient postage as First Cl VA 22313-1450.	lass Mail, in an envelope addres	nclosed) is being deposited with the U.S. Postal Service on issed to: MS Amendment, Commissioner for Patents, P.O.
Dated: JVIC	3 8 300 8 Signature	e: Slaine J	eary (Elaine leaby)
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